

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF THE QUAD CITIES AREA Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 852 MIDDLE ROAD, SUITE 401 City or town, state or province, country, and ZIP or foreign postal code BETTENDORF, IA 52722 F Name and address of principal officer: RENE GELLERMAN SAME AS C ABOVE	D Employer identification number 36-2725960 E Telephone number (563) 355-4310 G Gross receipts \$ 7,947,917. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.UNITEDWAYQC.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1972		M State of legal domicile: IA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: UNITED WAY QCA MISSION IS MOBILIZING PEOPLE AND RESOURCES TO IMPROVE LIVES IN OUR COMMUNITY.	
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3	Number of voting members of the governing body (Part VI, line 1a)	3 23
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 23
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5 27
6	Total number of volunteers (estimate if necessary)	6 782
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.
8	Contributions and grants (Part VIII, line 1h)	8 5,659,170. 6,805,895.
9	Program service revenue (Part VIII, line 2g)	9 1,399,146. 941,465.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10 278,693. 133,588.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11 33,621. 57,874.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12 7,370,630. 7,938,822.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13 4,238,872. 4,649,932.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14 0. 0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15 1,458,738. 1,611,614.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a 0. 0.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 608,547.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17 885,190. 805,267.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18 6,582,800. 7,066,813.
19	Revenue less expenses. Subtract line 18 from line 12	19 787,830. 872,009.
20	Total assets (Part X, line 16)	20 11,755,556. 12,706,381.
21	Total liabilities (Part X, line 26)	21 3,677,780. 3,454,084.
22	Net assets or fund balances. Subtract line 21 from line 20	22 8,077,776. 9,252,297.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer RENE GELLERMAN, PRESIDENT/CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name JAMES E. TAYLOR	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00002697
	Firm's name ▶ CARPENTIER, MITCHELL, GODDARD & CO., LLC Firm's address ▶ 4915 - 21ST AVENUE A MOLINE, IL 61265	Firm's EIN ▶ 36-2662809 Phone no. 309-762-3626

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: UNITED WAY QCA MISSION IS MOBILIZING PEOPLE AND RESOURCES TO IMPROVE LIVES IN OUR COMMUNITY. UNITED WAY QC DEVELOPS, SUPPORTS AND INVESTS IN THE MOST IMPACTFUL STRATEGIES AND PARTNERS TO STRENGTHEN EDUCATION, INCOME AND HEALTH--THE BUILDING BLOCKS OF OPPORTUNITY. UNITED WAY QC

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 169,421. including grants of \$ 4,595.) (Revenue \$) RESOURCE DEVELOPMENT - THE UNITED WAY EFFICIENTLY AND EFFECTIVELY RAISE THE MAXIMUM AMOUNT OF FUNDS FROM EMPLOYEES, BUSINESSES, INDIVIDUALS, GRANTS, LABOR MEMBERS, AND FOUNDATIONS TO IMPROVE THE QUALITY OF LIFE FOR INDIVIDUALS AND FAMILIES IN THE QUAD CITIES AREA. IN ADDITION, UNITED WAY QCA IS BUILDING AN ENDOWMENT TO HELP GUARANTEE QUALITY OF LIFE IN OUR COMMUNITY INTO THE FUTURE.

4b (Code:) (Expenses \$ 3,840,418. including grants of \$ 3,432,177.) (Revenue \$ 964,134.) COMMUNITY INVESTMENT AND IMPACT - UNITED WAY WORKS HARD TO ENSURE COMMUNITY IMPACT CONTRIBUTIONS ARE INVESTED IN SEVERAL TARGETED PRIORITIES TO MAKE THE MAXIMUM IMPACT POSSIBLE IN THE QUAD CITIES AREA. ALLOCABLE STRATEGIC IMPACT FUNDS ARE DISTRIBUTED THROUGH A VOLUNTEER REVIEW PROCESS, WHEREBY LOCAL VOLUNTEERS ASSESS PROGRAMS AND RECOMMEND FUND ALLOCATIONS TO THE UNITED WAY QCA BOARD OF DIRECTORS. IN THE QUAD CITIES, APPROXIMATELY 150 VOLUNTEERS ARE INVOLVED IN THIS IMPORTANT PROCESS. THE BOARD OF DIRECTORS ALSO INVESTS STRATEGIC IMPACT FUNDS IN UNITED WAY QCA OPERATIONS AND UNITED WAY QCA INITIATIVES SUCH AS EMERGENCY GRANT FUND AND COMMUNITY IMPACT ACTIVITIES. CREATE LONG-LASTING CHANGES THAT PREVENT PROBLEMS FROM HAPPENING IN THE FIRST PLACE BY FOCUSING ON CRITICAL ISSUES IN OUR COMMUNITY IN EDUCATION,

4c (Code:) (Expenses \$ 1,550,829. including grants of \$ 1,213,160.) (Revenue \$) UNITED WAY INITIATIVES AND DONOR NETWORKS-UNITED WAY WORKS CLOSELY WITH LOCAL CHANGE MAKERS TO TRANSFORM THE LIVES OF QUAD CITIZENS THROUGH OUR DONOR NETWORKS. STAFF PROVIDE SUPPORT TO VOLUNTEERS AND WORKPLACE CAMPAIGNS CENTERED ON ONE OR MORE OF THE DONOR NETWORKS. DONOR NETWORKS INCLUDE WOMEN UNITED, YOUNG LEADERS AND AFRICAN AMERICAN LEADERSHIP SOCIETY FOCUSING ON EARLY CHILDHOOD EDUCATION, THIRD GRADE READING PROFICIENCY AND FOSTERING THE NEXT GENERATION OF BLACK LEADERS, RESPECTFULLY. INITIATIVES INCLUDE IMAGINATION LIBRARY, VOLUNTEER INCOME TAX ASSISTANCE (VITA), 2-1-1, COVID-19 REBUILDING FUND AND UNITED FOR EQUITY.

4d Other program services (Describe on Schedule O.) (Expenses \$ 104,944. including grants of \$) (Revenue \$)

4e Total program service expenses 5,665,612.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, foreign accounts, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **IL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **KELLY WEINBRANDT - 563-355-4310**
852 MIDDLE ROAD, SUITE 401, BETTENDORF, IA 52722

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RENE GELLERMAN PRESIDENT/CEO	40.00			X				147,000.	0.	14,700.
(2) KARRIE ABBOTT COO	40.00			X				97,697.	0.	10,717.
(3) JOHN ANDERSON DIRECTOR	1.00	X						0.	0.	0.
(4) LINDA BOWERS BOARD CHAIR	1.00			X				0.	0.	0.
(5) THOMAS BOWMAN DIRECTOR	1.00	X						0.	0.	0.
(6) DR. SANDRA CASSADY DIRECTOR	1.00	X						0.	0.	0.
(7) LISA CHARNITZ DIRECTOR	1.00	X						0.	0.	0.
(8) DREW R. CLEVINGER DIRECTOR	1.00	X						0.	0.	0.
(9) DR. DONALD S. DOUCETTE DIRECTOR	1.00	X						0.	0.	0.
(10) MARA DOWNING DIRECTOR	1.00	X						0.	0.	0.
(11) CHAD EVERITT DIRECTOR	1.00	X						0.	0.	0.
(12) REV. DWIGHT FORD DIRECTOR	1.00	X						0.	0.	0.
(13) ASTRID GARCIA DIRECTOR	1.00	X						0.	0.	0.
(14) DENISE GARRETT DIRECTOR	1.00	X						0.	0.	0.
(15) DANIEL GOSA DIRECTOR	1.00	X						0.	0.	0.
(16) FAITH HEITMAN DIRECTOR	1.00	X						0.	0.	0.
(17) ROY HUTT DIRECTOR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KYLE DAY DIRECTOR	1.00	X						0.	0.	0.
(19) KEVIN MOWBRAY DIRECTOR	1.00	X						0.	0.	0.
(20) MICHAEL PAREJKO DIRECTOR	1.00	X						0.	0.	0.
(21) DECKER PLOEHN DIRECTOR	1.00	X						0.	0.	0.
(22) ALFRED RAMIREZ DIRECTOR	1.00	X						0.	0.	0.
(23) CAITLIN RUSSELL DIRECTOR	1.00	X						0.	0.	0.
(24) TOM SCHUETZ DIRECTOR	1.00	X						0.	0.	0.
(25) RICHARD D. WEHRHEIM TREASURER/SECRETARY	1.00			X				0.	0.	0.
1b Subtotal								244,697.	0.	25,417.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								244,697.	0.	25,417.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	221,077.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,584,818.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 53,883.				
	h Total. Add lines 1a-1f			6,805,895.			
	Program Service Revenue	2 a UNITED FOR EQUITY	Business Code 900099	372,988.	372,988.		
b WOMEN'S LEADERSHIP INI		900099	156,431.	156,431.			
c AFRICAN AMERICAN LEADE		900099	143,853.	143,853.			
d COVID REBUILDING FUND		900099	76,228.	76,228.			
e WISH LIST REVENUE		900099	36,564.	36,564.			
f All other program service revenue		900099	155,401.	155,401.			
g Total. Add lines 2a-2f				941,465.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		119,008.			119,008.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real (ii) Personal				
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c				
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other	14,580.			
		b Less: cost or other basis and sales expenses	7b	0.			
		c Gain or (loss)	7c	14,580.			
		d Net gain or (loss)			14,580.		14,580.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		44,300.			
		b Less: direct expenses	8b	9,095.			
		c Net income or (loss) from fundraising events			35,205.		35,205.
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses		9b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a MISCELLANEOUS	Business Code 900099	22,669.	22,669.			
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			22,669.			
	12 Total revenue. See instructions			7,938,822.	964,134.	0.	168,793.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,649,932.	4,649,932.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	264,480.	117,425.	80,425.	66,630.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,026,553.	455,773.	312,163.	258,617.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	85,945.	38,158.	26,135.	21,652.
9 Other employee benefits	127,074.	75,516.	34,197.	17,361.
10 Payroll taxes	107,562.	47,679.	31,412.	28,471.
11 Fees for services (nonemployees):				
a Management				
b Legal	5,799.		5,799.	
c Accounting	18,701.		18,701.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	29,782.		29,782.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	2,697.	259.	635.	1,803.
12 Advertising and promotion	212,737.	60,282.	120,056.	32,399.
13 Office expenses	51,645.	21,897.	12,032.	17,716.
14 Information technology	57,140.	31,857.	13,027.	12,256.
15 Royalties				
16 Occupancy	33,024.	15,841.	8,247.	8,936.
17 Travel	5,669.	1,803.	1,309.	2,557.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	22,805.	11,187.	5,343.	6,275.
20 Interest	13,951.	6,692.	3,484.	3,775.
21 Payments to affiliates	109,822.	52,680.	27,425.	29,717.
22 Depreciation, depletion, and amortization	66,393.	17,172.	39,060.	10,161.
23 Insurance	23,681.	11,359.	5,914.	6,408.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a IN KIND GOODS EXPENSES	53,883.	200.		53,683.
b 2-1-1 IMPLEMENTATION	34,872.	34,872.		
c SPONSORSHIP EXPENSE	26,706.		1,600.	25,106.
d RENTAL AND MAINTENANCE	13,546.	6,498.	3,383.	3,665.
e All other expenses	22,414.	8,530.	12,525.	1,359.
25 Total functional expenses. Add lines 1 through 24e	7,066,813.	5,665,612.	792,654.	608,547.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	5,554,828.	2	5,491,947.
	3 Pledges and grants receivable, net	2,399,241.	3	2,748,695.
	4 Accounts receivable, net		4	3,308.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	10,854.	9	17,012.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,231,798.		
	b Less: accumulated depreciation	10b 359,462.	926,581.	10c 872,336.
	11 Investments - publicly traded securities	2,864,052.	11	3,573,083.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	11,755,556.	16	12,706,381.	
Liabilities	17 Accounts payable and accrued expenses	123,238.	17	102,739.
	18 Grants payable	2,892,647.	18	3,062,933.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	340,818.	23	288,412.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	321,077.	25	0.
	26 Total liabilities. Add lines 17 through 25	3,677,780.	26	3,454,084.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,033,985.	27	4,861,709.
	28 Net assets with donor restrictions	4,043,791.	28	4,390,588.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	8,077,776.	32	9,252,297.
33 Total liabilities and net assets/fund balances	11,755,556.	33	12,706,381.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,938,822.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,066,813.
3	Revenue less expenses. Subtract line 2 from line 1	3	872,009.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,077,776.
5	Net unrealized gains (losses) on investments	5	566,317.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-243,272.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-20,533.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,252,297.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **UNITED WAY OF THE QUAD CITIES AREA** Employer identification number **36-2725960**

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7764695.	6971173.	6063495.	5659170.	6805895.	33264428.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	7764695.	6971173.	6063495.	5659170.	6805895.	33264428.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						33264428.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	7764695.	6971173.	6063495.	5659170.	6805895.	33264428.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	77,375.	96,898.	115,245.	117,716.	119,008.	526,242.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						33790670.

12 Gross receipts from related activities, etc. (see instructions) **12**

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	98.44 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	98.58 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		Yes	No
2a			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization UNITED WAY OF THE QUAD CITIES AREA	Employer identification number 36-2725960
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2020

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a	Lobbying nontaxable amount				
b	Lobbying ceiling amount (150% of line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

Schedule C (Form 990 or 990-EZ) 2020

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			0.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (See instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

VOLUNTEERS AND STAFF MEET WITH LOCAL LEGISLATORS IN AN EFFORT TO INFLUENCE STATE POLICY AROUND EARLY CHILDHOOD ISSUES WHICH ARE CONSISTENT WITH UNITED WAY'S LONG RANGE GOALS.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization UNITED WAY OF THE QUAD CITIES AREA Employer identification number 36-2725960

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, acreage, and expenses, and two yes/no questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts required to be reported.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,864,052.	2,314,597.	1,542,164.	1,481,027.	1,314,237.
b Contributions	432,681.	632,779.	772,718.	35,826.	101,507.
c Net investment earnings, gains, and losses	640,937.	19,646.	82,620.	101,548.	137,998.
d Grants or scholarships	71,000.	73,600.	61,500.	53,800.	52,200.
e Other expenditures for facilities and programs	263,805.				
f Administrative expenses	29,782.	29,370.	21,405.	22,437.	20,515.
g End of year balance	3,573,083.	2,864,052.	2,314,597.	1,542,164.	1,481,027.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 89.7100 %
 - b Permanent endowment _____ %
 - c Term endowment 10.2900 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,010,842.	189,119.	821,723.
c Leasehold improvements				
d Equipment		220,956.	170,343.	50,613.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				872,336.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	8,197,403.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 566,317.		
b	Donated services and use of facilities	2b 173,070.		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	739,387.
3	Subtract line 2e from line 1		3	7,458,016.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 29,782.		
b	Other (Describe in Part XIII.)	4b 451,024.		
c	Add lines 4a and 4b		4c	480,806.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	7,938,822.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	6,759,077.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a 173,070.		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	173,070.
3	Subtract line 2e from line 1		3	6,586,007.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 29,782.		
b	Other (Describe in Part XIII.)	4b 451,024.		
c	Add lines 4a and 4b		4c	480,806.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	7,066,813.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ORGANIZATION'S UNRESTRICTED INVESTMENT FUNDS CONSIST OF SEVERAL INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES AS DETERMINED BY THE ORGANIZATION'S BOARD OF DIRECTORS. THE ORGANIZATION HAS NO PERMANENTLY RESTRICTED NET ASSETS.

PART X, LINE 2:

THE ORGANIZATION EVALUATES THE TAX BENEFITS OF A TAX POSITION USING THE "MORE LIKELY THAN NOT" THRESHOLD. AS OF JUNE 30, 2021, MANAGEMENT IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS AND RELATED TAX BENEFITS WHICH WOULD BE MATERIAL TO THE ORGANIZATION'S FINANCIAL STATEMENTS. THE ORGANIZATION FILES A U.S. FEDERAL INFORMATION RETURN WHICH FOR FISCAL YEARS SUBSEQUENT

Part XIII Supplemental Information (continued)

TO 2015 IS SUBJECT TO EXAMINATION BY TAX AUTHORITIES.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DESIGNATIONS TO OTHER AGENCIES 451,024.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DESIGNATIONS TO OTHER AGENCIES 451,024.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

UNITED WAY OF THE QUAD CITIES AREA

Employer identification number

36-2725960

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		WOMEN UNITED: HOLI (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	44,300.		44,300.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	44,300.		44,300.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	9,095.		9,095.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			9,095.
11	Net income summary. Subtract line 10 from line 3, column (d)			35,205.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF THE QUAD CITIES AREA** Employer identification number **36-2725960**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALTERNATIVES FOR THE OLDER ADULT 1803 SEVENTH STREET MOLINE, IL 61265	42-1231219	501(C)3	30,693.	0.			JW INVESTMENT IN HEALTH STRATEGIES & DONOR DESIGNATED FUNDS & COVID REBUILDING FUNDS
THE ARC OF THE QUAD CITIES AREA 4016 NINTH STREET ROCK ISLAND, IL 61201	36-2615996	501(C)3	130,962.	0.			JW INVESTMENT IN INCOME & HEALTH STRATEGIES & DONOR DESIGNATED FUNDS
BETHANY 1830 SIXTH AVENUE P O BOX 697 MOLINE, IL 61266-0697	36-2166973	501(C)3	88,949.	0.			JW INVESTMENT IN EDUCATION, HEALTH & ESSENTIAL NEEDS STRATEGIES & DONOR
BIG BROTHERS/BIG SISTERS QC 130 WEST FIFTH STREET DAVENPORT, IA 52801	42-1320908	501(C)3	50,611.	0.			JW INVESTMENT IN EDUCATION STRATEGIES & DONOR DESIGNATED FUNDS & COVID REBUILDING FUND
BLACK HAWK COLLEGE 6600 34TH AVENUE MOLINE, IL 61265	36-2452309	170	40,554.	0.			JW INVESTMENT IN INCOME STRATEGIES
CAFE ON VINE 780 WEST CENTRAL PARK DAVENPORT, IA 52804	43-2072739	501(C)3	19,702.	0.			JW INVESTMENT IN INCOME STRATEGIES & DONOR DESIGNATED FUNDS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶** _____
- 3** Enter total number of other organizations listed in the line 1 table **▶** _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2020

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CENTER FOR YOUTH AND FAMILY SERVICES - 4703 44TH STREET, SUITE 4 - ROCK ISLAND, IL 61201	37-0662513	501(C)3	145,702.	0.			JW INVESTMENT IN HEALTH STRATEGIES & DONOR DESIGNATED FUNDS
CHILD ABUSE COUNCIL 524 15TH STREET MOLINE, IL 61265	36-2937848	501(C)3	199,438.	0.			JW INVESTMENT IN EDUCATION, HEALTH & ESSENTIAL NEEDS STRATEGIES & DONOR
COMMUNITY ACTION OF EASTERN IOWA 500 EAST 59TH STREET DAVENPORT, IA 52807	42-0921929	501(C)3	56,878.	0.			JW INVESTMENT IN EDUCATION STRATEGIES & DONOR DESIGNATED FUNDS & COVID REBUILDING FUND,
COMMUNITY HEALTH CARE 500 WEST RIVER DRIVE DAVENPORT, IA 52801	42-1060724	501(C)3	136,520.	0.			JW INVESTMENT IN HEALTH STRATEGIES & DONOR DESIGNATED FUNDS
DAVENPORT COMMUNITY SCHOOL DISTRICT - 1606 BRADY STREET - DAVENPORT, IA 52801	42-6001350	170	57,455.	0.			JW INVESTMENT IN EDUCATION STRATEGIES & DONOR DESIGNATED FUNDS & COVID REBUILDING FUNDS
EASTERN IOWA COMMUNITY COLLEGE DISTRICT FOUNDATION - 306 WEST RIVER DRIVE - DAVENPORT, IA 52801	42-1430209	501(C)3	9,045.	0.			JW INVESTMENT IN EDUCATION STRATEGIES & DONOR DESIGNATED FUNDS
BOYS & GIRLS CLUBS OF MISS. VALLEY 338 SIXTH STREET MOLINE, IL 61265	36-3838421	501(C)3	57,327.	0.			JW INVESTMENT IN EDUCATION, INCOME & ESSENTIAL NEEDS STRATEGIES & DONOR
FAMILY RESOURCES 2800 EASTERN AVENUE DAVENPORT, IA 52804	42-0698225	501(C)3	402,442.	0.			JW INVESTMENT IN HEALTH & ESSENTIAL NEEDS STRATEGIES & DONOR DESIGNATED FUNDS & COVID
GIGI'S PLAYHOUSE 3906 38 AVENUE MOLINE, IL 61265	45-2777850	501(C)3	5,568.	0.			JW INVESTMENT IN EDUCATION STRATEGIES & DONOR DESIGNATED FUNDS, COVID REBUILDING FUND

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAND IN HAND 3860 MIDDLE ROAD BETTENDORF, IA 52722	42-1508508	501(C)3	45,790.	0.			JW INVESTMENT IN EDUCATION STRATEGIES & DONOR DESIGNATED FUNDS & COVID REBUILDING FUND
HANDICAPPED DEVELOPMENT CENTER 3402 HICKORY GROVE ROAD P O BOX 245 DAVENPORT, IA 52809	42-0947868	501(C)3	32,103.	0.			JW INVESTMENT IN INCOME STRATEGIES & DONOR DESIGNATED FUNDS & COVID REBUILDING FUND
HELP LEGAL ASSISTANCE/IOWA LEGAL AID - 401 HARBORVIEW BUILDING 736 FEDERAL STREET - DAVENPORT, IA 52803	42-0957957	501(C)3	98,002.	0.			JW INVESTMENT IN EDUCATION & ESSENTIAL NEEDS STRATEGIES & DONOR DESIGNATED FUNDS & COVID
HUMILTY HOMES & SERVICES 3805 MISSISSIPPI AVENUE DAVENPORT, IA 52807	42-1349437	501(C)3	222,564.	0.			JW INVESTMENT IN ESSENTIAL NEEDS STRATEGIES & DONOR DESIGNATED FUNDS & COVID
IJAG GRIMES STATE OFFICE BUILDING, 3RD FLOOR 400 EAST 14TH STREET - DES MOINES, I	42-1492988	501(C)3	120,659.	0.			JW INVESTMENT IN EDUCATION & INCOME STRATEGIES & DONOR DESIGNATED FUNDS & UNITED
MARRIAGE & FAMILY COUNSELING SERVICES - 512 SAFETY BUILDING 1800 THIRD AVENUE - ROCK ISLAND, IL 61201	36-2606683	501(C)3	97,500.	0.			JW INVESTMENT IN HEALTH STRATEGIES & DONOR DESIGNATED FUNDS
ONE EIGHTY 601 NORTH MARQUETTE STREET DAVENPORT, IA 52802	32-0100540	501(C)3	86,551.	0.			JW INVESTMENT IN INCOME & ESSENTIAL NEEDS STRATEGIES & DONOR DESIGNATED FUNDS & COVID
PRAIRIE STATE LEGAL SERVICES 975 NORTH MAIN STREET ROCKFORD, IL 61103-7064	37-1030764	501(C)3	77,365.	0.			JW INVESTMENT IN ESSENTIAL NEEDS STRATEGIES & DONOR DESIGNATED FUNDS
PROJECT NOW 418 - 19 STREET P O BOX 3970 ROCK ISLAND, IL 61204-3970	36-2654175	501(C)3	40,287.	0.			JW INVESTMENT IN ESSENTIAL NEEDS STRATEGIES & DONOR DESIGNATED FUNDS &

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
QUAD CITIES OPEN NETWORK (QCON) C/O ALTERNATIVES FOR THE OLDER ADULT 1803 SEVENTH STREET - MOLINE, IL 61265	42-1231219	501(C)3	20,125.	0.			JW INVESTMENT IN ESSENTIAL NEEDS & DONOR DESIGNATED FUNDS & QCON, QC TUTOR CONNECTIONS
SAFER FOUNDATION QC 571 WEST JACKSON BOULEVARD CHICAGO, IL 60661	36-2762168	501(C)3	33,656.	0.			JW INVESTMENT IN INCOME STRATEGIES & DONOR DESIGNATED FUNDS
SALVATION ARMY QC 2200 FIFTH AVENUE MOLINE, IL 61265	36-2167910	501(C)3	36,772.	0.			JW INVESTMENT IN INCOME STRATEGIES & DONOR DESIGNATED FUNDS & COVID REBUILDING FUND
SCOTT COUNTY HOUSING COUNCIL 1212 WEST THIRD STREET, SUITE A DAVENPORT, IA 52802	42-1496268	501(C)3	15,000.	0.			COVID REBUILDING FUND
SAL FAMILY & COMMUNITY SERVICES 4800 - 60 STREET MOLINE, IL 61265	36-2728411	501(C)3	158,599.	0.			JW INVESTMENT IN EDUCATION STRATEGIES & DONOR DESIGNATED FUNDS & COVID REBUILDING FUND &
SEAP 230 WEST 35 STREET, SUITE 1 DAVENPORT, IA 52806	36-2480784	501(C)3	8,970.	0.			JW INVESTMENT IN INCOME STRATEGIES & DONOR DESIGNATED FUNDS
TRANSITIONS 805 - 19 STREET P O BOX 4238 ROCK ISLAND, IL 61204-4238	36-3153563	501(C)3	31,625.	0.			JW INVESTMENT IN INCOME STRATEGIES & DONOR DESIGNATED FUNDS
TWO RIVERS YMCA 2040 - 53 STREET MOLINE, IL 61265	36-2169199	501(C)3	152,471.	0.			JW INVESTMENT IN EDUCATION, HEALTH & ESSENTIAL NEEDS STRATEGIES & DONOR
UNITED TOWNSHIP HIGH SCHOOL 1275 AVENUE OF THE CITIES EAST MOLINE, IL 61244	36-6005348	170	40,700.	0.			JW INVESTMENT IN EDUCATION STRATEGIES & DONOR DESIGNATED FUNDS & COVID REBUILDING FUND

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITYPOINT HEALTH - ROBERT YOUNG CENTER - P O BOX 656 - MOLINE, IL 61265	36-3678909	501(C)3	14,786.	0.			JW INVESTMENT IN HEALTH STRATEGIES & DONOR DESIGNATED FUNDS
YOUTH SERVICE BUREAU RI COUNTY 4709 44TH STREET, SUITE 5 ROCK ISLAND, IL 61201	36-2866503	501(C)3	71,941.	0.			JW INVESTMENT IN HEALTH STRATEGIES & DONOR DESIGNATED FUNDS & COVID REBUILDING FUND
YWCA OF QC 229 - 16 STREET ROCK ISLAND, IL 61201	36-2171176	501(C)3	219,055.	0.			JW INVESTMENT IN EDUCATION , INCOME, HEALTH & ESSENTIAL NEEDS STRATEGIES & DONOR
QUAD CITIES COMMUNITY BROADCASTING GROUP - 1800 THIRD AVENUE #420 - ROCK ISLAND, IL 61201	32-0066891	501(C)3	25,000.	0.			COVID REBUILDING FUND & UNITED FOR EQUITY AWARD
AMERICAN RED CROSS QC P O BOX 888 MOLINE, IL 61266	36-6000114	501(C)3	18,315.	0.			DONOR DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
BIRDIES FUND - BIRDIES FOR CHARITY 15623 COALTOWN ROAD EAST MOLINE, IL 61244	93-1332421	501(C)3	9,500.	0.			DONOR DESIGNATED FUNDS USED FOR BIRDIES FUND
CHRISTIAN CARE 2209 THIRD AVENUE ROCK ISLAND, IL 61201	36-3146523	501(C)3	22,543.	0.			JW INVESTMENT IN ESSENTIAL NEEDS STRATEGIES & DONOR DESIGNATED FUNDS & COVID
BOYS SCOUTS OF ILLOWA COUNCIL 4412 NORTH BRADY STREET DAVENPORT, IA 52806	36-2616917	501(C)3	9,693.	0.			DONOR DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
GOODWILL OF THE HEARTLAND 805 WEST 35TH STREET DAVENPORT, IA 52806	42-0923563	501(C)3	27,542.	0.			JW INVESTMENT IN INCOME STRATEGIES & DONOR DESIGNATED FUNDS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARCH OF DIMES - MISSISSIPPI VALLEY DIVISION - 2117 STATE STREET - BETTENDORF, IA 52722	13-1846366	501(C)3	5,000.	0.			DONOR DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
JUNIOR ACHIEVEMENT OF THE HEARTLAND - 800 12 AVENUE - MOLINE, IL 61265	36-2684253	501(C)3	10,151.	0.			JW INVESTMENT IN INCOME STRATEGIES & DONOR DESIGNATED FUNDS
NATIONAL FFA FOUNDATION P.O. BOX 68960 INDIANAPOLIS, IN 46268	54-6044662	501(C)3	10,000.	0.			DONOR DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
PROJECT RENEWAL 906 WEST FIFTH STREET DAVENPORT, IA 52806	13-4292017	501(C)3	40,188.	0.			DONOR DESIGNATED FUNDS USED FOR GENERAL OPERATIONS & COVID REBUILDING FUND & UNITED
MARTIN LUTHER KING CENTER 630 MARTIN LUTHER KING DRIVE ROCK ISLAND, IL 61201	36-3100490	501(C)3	58,613.	0.			JW INVESTMENT IN EDUCATION, TOGETHER FOR TOMORROW AWARD & DONOR DESIGNATED FUNDS & UNITED
ST. AMBROSE UNIVERSITY CHILDREN'S CAMPUS - 1301 WEST LOMBARD STREET - DAVENPORT, IA 52804	42-0703280	501(C)3	10,000.	0.			KEEP THE LIGHTS ON GRANT AWARD
UNITED WAY OF LEE, HENDRY AND GLADES COUNTIES, FLORIDA - 7275 CONCOURSE DRIVE - FORT MYERS, FL 33908	59-1005169	501(C)3	15,000.	0.			DONOR DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
QC HAVEN OF HOPE 901 20TH STREET ROCK ISLAND, IL 61201	92-0192137	501(C)3	23,855.	0.			JW INVESTMENT IN ESSENTIAL NEEDS STRATEGIES & DONOR DESIGNATED FUNDS & COVID
YMCA OF THE IOWA MISSISSIPPI VALLEY - 630 EAST FOURTH STREET - DAVENPORT, IA 52801	42-0703278	501(C)3	110,944.	0.			JW INVESTMENT IN EDUCATION & INCOME STRATEGIES & DONOR DESIGNATED FUNDS & KEEP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VERA FRENCH 1441 WEST CENTRAL PARK DAVENPORT, IA 52804	42-0716337	501(C)3	26,194.	0.			JW INVESTMENT IN HEALTH STRATEGIES & DONOR DESIGNATED FUNDS
WORLD RELIEF 1852 16TH STREET MOLINE, IL 61265	23-6393344	501(C)3	27,342.	0.			JW INVESTMENT IN INCOME STRATEGIES & DONOR DESIGNATED FUNDS
WQPT 3300 RIVER DRIVE MOLINE, IL 61265	37-6046814	501(C)3	5,000.	0.			JW INVESTMENT IN EDUCATION STRATEGIES
YOUTHHOPE 3928 12 AVENUE MOLINE, IL 61265	36-2193602	501(C)3	63,984.	0.			JW INVESTMENT IN EDUCATION & ESSENTIAL NEEDS STRATEGIES & DONOR DESIGNATED FUNDS & COVID
CENTER FOR ACTIVE SENIORS 1035 WEST KIMBERLY ROAD DAVENPORT, IA 52806	42-1011267	501(C)3	12,026.	0.			WEINZWEIG ENDOWMENT FOR SENIORS & COVID REBUILDING FUND & WISH LIST
ARGROW'S HOUSE (TESTIMONIES OF HOPE) - P.O. BOX 3812 - DAVENPORT, IA 52808	47-2446305	501(C)3	10,000.	0.			COVID REBUILDING FUND
RIVER BEND FOODBANK 4010 KIMMEL DRIVE DAVENPORT, IA 52802	36-3147342	501(C)3	27,666.	0.			DONOR DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
CAMP SHALOM 960 EAST 53RD STREET, #1B DAVENPORT, IA 52807	42-1458061	501(C)3	5,000.	0.			DONOR DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
LOVE GIRLS MAGAZINE C/O QUAD CITIES COMMUNITY FOUNDATIO BETTENDORF, IA 52722	42-6122716	501(C)3	15,000.	0.			TOGETHER FOR TOMORROW GRANT AWARD

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOLINE PUBLIC LIBRARY 3210 41ST STREET MOLINE, IL 61265	36-6005999	170	20,000.	0.			TOGETHER FOR TOMORROW GRANT AWARD
CLOCK, INC. 4102 46TH AVENUE ROCK ISLAND, IL 61201	83-2945356	501(C)3	5,000.	0.			COVID REBUILDING FUND
DRESS FOR SUCCESS 423 EAST 32ND STREET DAVENPORT, IA 52803	45-1825338	501(C)3	14,875.	0.			COVID REBUILDING FUND
CLOTHING CENTER AT MINNIE'S MAISON 1119 LECLAIRE STREET DAVENPORT, IA 52803	81-3016391	501(C)3	5,000.	0.			COVID REBUILDING FUND
PUTNAM MUSEUM 1717 WEST 12TH STREET DAVENPORT, IA 52804	42-0680474	501(C)3	57,000.	0.			COVID REBUILDING FUND & DONOR DESIGNATED FUNDS USED FOR GENERAL OPERATIONS & UNITED FOR
BLACK HAWK COLLEGE FOUNDATION 6600 34TH AVENUE MOLINE, IL 61265	36-3240562	501(C)3	6,750.	0.			COVID REBUILDING FUND
SCHOOL HEALTH LINK 2508 25 STREET #A ROCK ISLAND, IL 61201	36-4109801	501(C)3	5,000.	0.			COVID REBUILDING FUND
FORMATIVE YEARS GROWING & LEARNING CENTER - 2315 JERSEY RIDGE ROAD - DAVENPORT, IA 52803	84-4632634	170	15,000.	0.			KEEP THE LIGHTS ON GRANT AWARD
P & J TENDER CARE 2201 11TH STREET ROCK ISLAND, IL 61201	81-0840846	N/A	10,000.	0.			KEEP THE LIGHTS ON GRANT AWARD

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NOAH'S ARK PRESCHOOL BLUE GRASS PRESBYTERIAN CHURCH 377 BLUE GRASS, IA 52726	42-1088962	170	10,000.	0.			KEEP THE LIGHTS ON GRANT AWARD
TAPESTRY FARMS P.O. BOX 2332 DAVENPORT, IA 52809	82-1925820	501(C)3	20,750.	0.			UNITED FOR EQUITY AWARD
WVIK QUAD CITIES NPR 815 38TH STREET ROCK ISLAND, IL 61201	36-2166962	501(C)3	7,500.	0.			UNITED FOR EQUITY AWARD
FIRST DAY FUND C/O QUAD CITIES COMMUNITY FOUNDATIO BETTENDORF, IA 52722	42-6122716	501(C)3	6,375.	0.			SCHOOL SUPPLIES FOR FIRST DAY FUND

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION USES AN "OUTCOMES MEASUREMENT" PROCESS TO MONITOR THE USE OF GRANT FUNDS DISTRIBUTED BY THE UNITED WAY OF THE QUAD CITIES AREA. EACH AGENCY HAS THE RESPONSIBILITY TO VERIFY THE USE OF THE FUNDS TO THE UNITED WAY SO THAT THE RECIPIENT'S OUTCOMES ARE ACCOMPLISHED.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BETHANY

(H) PURPOSE OF GRANT OR ASSISTANCE: UW INVESTMENT IN EDUCATION , HEALTH

Part IV Supplemental Information

& ESSENTIAL NEEDS STRATEGIES & DONOR DESIGNATED FUNDS & EDUCATION FUNDS

NAME OF ORGANIZATION OR GOVERNMENT: CHILD ABUSE COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: UW INVESTMENT IN EDUCATION, HEALTH & ESSENTIAL NEEDS STRATEGIES & DONOR DESIGNATED FUNDS & COVID REBUILDING FUNDS & UNITED FOR EQUITY AWARD

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY ACTION OF EASTERN IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: UW INVESTMENT IN EDUCATION STRATEGIES & DONOR DESIGNATED FUNDS & COVID REBUILDING FUND, PPE SUPPLIES, TOGETHER FOR TOMORROW FUND, WISH LIST

NAME OF ORGANIZATION OR GOVERNMENT: BOYS & GIRLS CLUBS OF MISS. VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: UW INVESTMENT IN EDUCATION, INCOME & ESSENTIAL NEEDS STRATEGIES & DONOR DESIGNATED FUNDS USED FOR GENERAL OPERATIONS & TOGETHER FOR TOMORROW AWARD & UNITED FOR EQUITY AWARD

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY RESOURCES

(H) PURPOSE OF GRANT OR ASSISTANCE: UW INVESTMENT IN HEALTH & ESSENTIAL NEEDS STRATEGIES & DONOR DESIGNATED FUNDS & COVID REBUILDING FUND, WISH LIST

NAME OF ORGANIZATION OR GOVERNMENT: HELP LEGAL ASSISTANCE/IOWA LEGAL AID

(H) PURPOSE OF GRANT OR ASSISTANCE: UW INVESTMENT IN EDUCATION & ESSENTIAL NEEDS STRATEGIES & DONOR DESIGNATED FUNDS & COVID REBUILDING FUND

NAME OF ORGANIZATION OR GOVERNMENT: HUMILTY HOMES & SERVICES

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: UW INVESTMENT IN ESSENTIAL NEEDS STRATEGIES & DONOR DESIGNATED FUNDS & COVID REBUILDING FUND

NAME OF ORGANIZATION OR GOVERNMENT: IJAG

(H) PURPOSE OF GRANT OR ASSISTANCE: UW INVESTMENT IN EDUCATION & INCOME STRATEGIES & DONOR DESIGNATED FUNDS & UNITED FOR EQUITY AWARD

NAME OF ORGANIZATION OR GOVERNMENT: ONE EIGHTY

(H) PURPOSE OF GRANT OR ASSISTANCE: UW INVESTMENT IN INCOME & ESSENTIAL NEEDS STRATEGIES & DONOR DESIGNATED FUNDS & COVID REBUILDING FUNDS

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT NOW

(H) PURPOSE OF GRANT OR ASSISTANCE: UW INVESTMENT IN ESSENTIAL NEEDS STRATEGIES & DONOR DESIGNATED FUNDS & TOGETHER FOR TOMORROW GRANT AWARD

NAME OF ORGANIZATION OR GOVERNMENT: SAL FAMILY & COMMUNITY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: UW INVESTMENT IN EDUCATION STRATEGIES & DONOR DESIGNATED FUNDS & COVID REBUILDING FUND & KEEP THE LIGHTS ON AWARD, WISH LIST

NAME OF ORGANIZATION OR GOVERNMENT: TWO RIVERS YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: UW INVESTMENT IN EDUCATION, HEALTH & ESSENTIAL NEEDS STRATEGIES & DONOR DESIGNATED FUNDS & TOGETHER FOR TOMORROW GRANT AWARD & COVID REBUILDING

NAME OF ORGANIZATION OR GOVERNMENT: YWCA OF QC

(H) PURPOSE OF GRANT OR ASSISTANCE: UW INVESTMENT IN EDUCATION , INCOME, HEALTH & ESSENTIAL NEEDS STRATEGIES & DONOR DESIGNATED FUNDS & KEEP THE

Part IV Supplemental Information

LIGHTS ON AWARD & UNITED FOR EQUITY AWARD

NAME OF ORGANIZATION OR GOVERNMENT: CHRISTIAN CARE

(H) PURPOSE OF GRANT OR ASSISTANCE: UW INVESTMENT IN ESSENTIAL NEEDS STRATEGIES & DONOR DESIGNATED FUNDS & COVID REBUILDING FUNDS

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT RENEWAL

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATED FUNDS USED FOR GENERAL OPERATIONS & COVID REBUILDING FUND & UNITED FOR EQUITY AWARD

NAME OF ORGANIZATION OR GOVERNMENT: MARTIN LUTHER KING CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: UW INVESTMENT IN EDUCATION, TOGETHER FOR TOMORROW AWARD & DONOR DESIGNATED FUNDS & UNITED FOR EQUITY AWARD

NAME OF ORGANIZATION OR GOVERNMENT: QC HAVEN OF HOPE

(H) PURPOSE OF GRANT OR ASSISTANCE: UW INVESTMENT IN ESSENTIAL NEEDS STRATEGIES & DONOR DESIGNATED FUNDS & COVID REBUILDING FUND & UNITED FOR EQUITY AWARD

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF THE IOWA MISSISSIPPI VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: UW INVESTMENT IN EDUCATION & INCOME STRATEGIES & DONOR DESIGNATED FUNDS & KEEP THE LIGHTS ON AWARD

NAME OF ORGANIZATION OR GOVERNMENT: YOUTHHOPE

(H) PURPOSE OF GRANT OR ASSISTANCE: UW INVESTMENT IN EDUCATION & ESSENTIAL NEEDS STRATEGIES & DONOR DESIGNATED FUNDS & COVID REBUILDING FUNDS & UNITED FOR EQUITY AWARD

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: PUTNAM MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID REBUILDING FUND & DONOR

DESIGNATED FUNDS USED FOR GENERAL OPERATIONS & UNITED FOR EQUITY FUND

Multiple horizontal lines for supplemental information.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2020

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

UNITED WAY OF THE QUAD CITIES AREA

Employer identification number

36-2725960

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
TOM BOWMAN	BOARD MEMBER IS ON	125,050.	GRANTS	X	

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: TOM BOWMAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER IS ON BOARD OF UWQCA AND DIRECTOR OF GRANT RECIPIENT ORG.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **UNITED WAY OF THE QUAD CITIES AREA** Employer identification number **36-2725960**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (<u>SUPPLIES</u>)	X	176	53,883.	ESTIMATE/FAIR MARKET
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2020

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

UNITED WAY OF THE QUAD CITIES AREA

Employer identification number

36-2725960

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

UNITED WAY QC DEVELOPS, SUPPORTS AND INVESTS IN THE MOST IMPACTFUL STRATEGIES AND PARTNERS TO STRENGTHEN EDUCATION, INCOME AND HEALTH--THE BUILDING BLOCKS OF OPPORTUNITY. UNITED WAY QC BELIEVES EVERY QUAD CITIZEN DESERVES THE OPPORTUNITY TO LIVE THEIR BEST POSSIBLE LIFE. UNITED WAY QC INVOLVES PARTNERS AND SUPPORTERS FROM ALL WALKS OF LIFE IN VOLUNTEERISM, ADVOCACY AND INVESTMENT AND USES RESOURCES AND NETWORKS TO BRING THE BEST PEOPLE, IDEAS AND PROJECTS TOGETHER TO CREATE OPPORTUNITIES FOR ALL QUAD CITIZENS. IF WE WORK TOGETHER, WE BELIEVE THAT EVERY QUAD CITIZEN, REGARDLESS OF RACE OR ZIP CODE, WILL HAVE ACCESS AND OPPORTUNITY TO DEVELOP THEIR FULL POTENTIAL.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BELIEVES EVERY QUAD CITIZEN DESERVES THE OPPORTUNITY TO LIVE THEIR BEST POSSIBLE LIFE. UNITED WAY QC INVOLVES PARTNERS AND SUPPORTERS FROM ALL WALKS OF LIFE IN VOLUNTEERISM, ADVOCACY AND INVESTMENT AND USES RESOURCES AND NETWORKS TO BRING THE BEST PEOPLE, IDEAS AND PROJECTS TOGETHER TO CREATE OPPORTUNITIES FOR ALL QUAD CITIZENS. IF WE WORK TOGETHER, WE BELIEVE THAT EVERY QUAD CITIZEN, REGARDLESS OF RACE OR ZIP CODE, WILL HAVE ACCESS AND OPPORTUNITY TO DEVELOP THEIR FULL POTENTIAL.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

COVID-19 REBUILDING FUND - OUR COVID-19 REBUILDING FUND WAS CREATED TO ADDRESS THE EVOLVING AND LONG-TERM REBUILDING NEEDS OF QUAD CITIZENS IMPACTED BY THE CORONAVIRUS.

UNITED FOR EQUITY - THE UNITED FOR EQUITY FUNDS HELPS TO EMPOWER OUR

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization UNITED WAY OF THE QUAD CITIES AREA	Employer identification number 36-2725960
--	--

COMMUNITY AND ALLOW THE UNITED WAY TO SUPPORT NEW EQUITY-FOCUSED SOLUTIONS, PROGRAMS OR INITIATIVES THAT ADDRESS POVERTY AND STRUCTURAL RACISM.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
INCOME, AND HEALTH. WE STAND TO MAKE THE GREATEST IMPACT POSSIBLE BY CREATING EFFICIENT AND EFFECTIVE STRATEGIES AND DEVELOPING MEASURABLE RESULTS OF OUR WORK. UNITED WAY QCA HAS THREE IMPACT COUNCILS THAT GOVERN THIS WORK - EDUCATION, INCOME, AND HEALTH. THEY LEAD THE DEVELOPMENT OF INITIATIVES TO ACHIEVE COMMUNITY IMPACT.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
LABOR - DEVELOPS AND SUPPORTS AN ACTIVE PARTICIPATION OF LABOR IN UNITED WAY QCA ACTIVITIES SUCH AS RESOURCE DEVELOPMENT, COMMUNITY INVESTMENT AND COMMUNITY IMPACT.

INFORMATION TECHNOLOGY FOR MANAGEMENT AND PROGRAMS - MAINTAINS, MAXIMIZES, AND ENHANCES THE USE OF TECHNOLOGY AT UNITED WAY QCA, AMONG OUR PARTNERS AND WITH OUR CONSTITUENTS AS VOLUNTEERS AND CONTRIBUTORS.

VOLUNTEER ENGAGEMENT - VOLUNTEER ENGAGEMENT IS A STRATEGY TO INSPIRE EMPLOYEES IN THE WORKPLACE TO FURTHER UNITED WAY'S MISSION BY COMMITTING TO LONG-TERM, ONGOING PROJECTS THAT MOVE THE NEEDLE IN EDUCATION, INCOME, AND HEALTH. DAY OF CARING, WHERE THOUSANDS OF INDIVIDUALS VOLUNTEER FOR HUNDREDS OF PROJECTS THROUGHOUT THE COMMUNITY, IS ONE OF OUR LARGEST VOLUNTEER EVENTS. CORPORATE VOLUNTEER OPPORTUNITIES CAN INCLUDE: CONDUCTING BOOK DRIVES OR SCHOOL SUPPLY DRIVES; READING AND MENTORING; ASSISTING IN FOOD DELIVERY AND MORE.

Name of the organization UNITED WAY OF THE QUAD CITIES AREA	Employer identification number 36-2725960
--	--

EXPENSES \$ 104,944. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION'S AUDIT COMMITTEE REVIEWS A COPY OF THE FORM 990 BEFORE PRESENTING IT TO THE BOARD OF DIRECTORS WHO THEN REVIEWS AND APPROVES IT BEFORE FILING THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

EVERY BOARD MEMBER ANNUALLY SIGNS THE CONFLICT OF INTEREST STATEMENT AS PART OF THE OVERALL CODE OF ETHICS. AT THAT TIME, THEY ARE TO DISCLOSE ANY POTENTIAL CONFLICTS THAT THE ORGANIZATION NEEDS TO BE AWARE OF. UNITED WAY OF THE QUAD CITIES AREA STAFF SIGN THE SAME DOCUMENT AS PART OF THEIR INITIAL ORIENTATION. IN ADDITION TO THE BOARD AND STAFF, SELECT VOLUNTEERS ARE REQUIRED TO SIGN THE CODE OF ETHICS AND CONFLICT OF INTEREST POLICY DEPENDING ON THE SENSITIVITY OF INFORMATION THEY WILL BE WORKING WITH (AGENCY DATA, DONOR DATA). THE POLICY INCLUDES A QUESTIONNAIRE THAT HAS BEEN UPDATED TO PROPERLY COMPLETE THE FORM 990 GOVERNANCE, MANAGEMENT, AND DISCLOSURE QUESTIONS. AT BOARD MEMBER MEETINGS, MEMBERS ARE REQUIRED TO VOTE "IN ABSENTIA" IF A POTENTIAL CONFLICT OF INTEREST ISSUE ARISES.

FORM 990, PART VI, SECTION B, LINE 15:

EXECUTIVE STAFF (PRESIDENT AND CFO) COMPENSATION RANGES ARE DEVELOPED USING UNITED WAY WORLDWIDE DATA FOR EACH POSITION. THE PRESIDENT DETERMINES THE SALARY FOR THE CFO. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS DETERMINES THE SALARY FOR THE PRESIDENT.

IN DETERMINING EMPLOYEE COMPENSATION, EACH STAFF POSITION IS FIRST CATEGORIZED AS ADMINISTRATIVE, MANAGERIAL, VICE PRESIDENT OR EXECUTIVE

Name of the organization UNITED WAY OF THE QUAD CITIES AREA	Employer identification number 36-2725960
--	--

STAFF. WITH THE EXCEPTION OF THE EXECUTIVE STAFF, ALL CATEGORIES ARE ASSIGNED A SALARY RANGE THAT INCLUDES A MIDPOINT AND HIGH/LOW POINTS THAT ARE 15% EITHER SIDE OF THE MIDPOINT. THESE RANGES ARE DEVELOPED USING LOCAL WAGE INFORMATION AS WELL AS INFORMATION OBTAINED THROUGH UNITED WAY WORLDWIDE. THE PHILOSOPHY FOR COMPENSATION IS THAT WHEN AN EMPLOYEE IS PERFORMING ALL ASPECTS OF THEIR JOB IN A SATISFACTORY MANNER, THEY WILL BE COMPENSATED AT THEIR RESPECTIVE MIDPOINT. THE RANGES AND THEIR MIDPOINT ARE ADJUSTED ANNUALLY BASED ON COST OF LIVING ADJUSTMENTS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES THE FINANCIAL STATEMENTS AND FORM 990 AVAILABLE ON THEIR WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ADJUSTMENT TO CHANGES IN NET ASSETS AS OF JUNE 30, 2019	-20,533.
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FORM 990, PART XII, LINE 2C

PROCESS HAS NOT CHANGED FROM PRIOR YEAR

CARPENTIER, MITCHELL, GODDARD & CO., LLC
4915 - 21ST AVENUE A
MOLINE IL 61265

309-762-3626

OCTOBER 19, 2021

UNITED WAY OF THE QUAD CITIES AREA
852 MIDDLE ROAD, SUITE 401
BETTENDORF, IA 52722

UNITED WAY OF THE QUAD CITIES AREA:

WE HAVE PREPARED AND ENCLOSED YOUR 2020 ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT. THE REPORT SHOULD BE SIGNED, DATED, AND MAILED AS INDICATED.

ILLINOIS FORM AG990-IL:

THE ILLINOIS FORM AG990-IL SHOULD BE MAILED ON OR BEFORE DECEMBER 31, 2021 TO:

OFFICE OF THE ATTORNEY GENERAL
CHARITABLE TRUST BUREAU
100 WEST RANDOLPH ST., 11TH FLOOR
CHICAGO, IL 60601-3175

ENCLOSE A CHECK OR MONEY ORDER FOR \$15.00, PAYABLE TO ILLINOIS CHARITY BUREAU FUND.

THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

WE RECOMMEND THAT YOU USE CERTIFIED MAIL WITH POST MARKED RECEIPT FOR PROOF OF TIMELY FILING.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

CARPENTIER, MITCHELL, GODDARD & CO., LLC

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	_____
AMT	_____
INIT	_____

Attorney General KWAME RAOUL State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

CO # 01-006456

Report for the Fiscal Period:

Beginning 07/01/2020

& Ending 06/30/2021
MO DAY YR

Make Checks Payable to the Illinois Charity Bureau Fund

- Check all items attached:**
- Copy of IRS Return
 - Audited Financial Statements
 - Copy of Form IFC
 - \$15.00 Annual Report Filing Fee
 - \$100.00 Late Report Filing Fee

Federal ID # 36-2725960

Are contributions to the organization tax deductible?

Yes No

Date Organization was created:

01/02/1972
MO DAY YR

LEGAL NAME UNITED WAY OF THE QUAD CITIES AREA	Year-end amounts	
MAIL ADDRESS 852 MIDDLE ROAD, SUITE 401	A) ASSETS	A) \$ 12,706,381.
CITY, STATE BETTENDORF, IA	B) LIABILITIES	B) \$ 3,454,084.
ZIP CODE 52722	C) NET ASSETS	C) \$ 9,252,297.
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	94.804%	D) \$ 7,526,283.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	2.785%	E) \$ 221,077.
F) OTHER REVENUES	2.412%	F) \$ 191,462.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100%	G) \$ 7,938,822.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	14.373%	H) \$ 1,015,680.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	14.373%	J) \$ 1,015,680.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		\$ 60,283.
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	65.800%	K) \$ 4,649,932.
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	80.172%	L) \$ 5,665,612.
M) MANAGEMENT AND GENERAL EXPENSE	11.217%	M) \$ 792,654.
N) FUNDRAISING EXPENSE	8.611%	N) \$ 608,547.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100%	O) \$ 7,066,813.
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100%	P) \$ 0.
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0.
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE: RENE GELLERMAN, PRESIDENT/CEO		T) \$ 147,000.
U) NAME, TITLE: KARRIE ABBOTT, COO		U) \$ 97,697.
V) NAME, TITLE: CRAIG CANFIELD, VP OF IT		V) \$ 80,520.
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List on back side of instructions CODE
W) DESCRIPTION: GRANTS TO OTHER CHARITABLE ORGANIZATIONS		W) # 150
X) DESCRIPTION:		X) #
Y) DESCRIPTION:		Y) #

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		<input checked="" type="checkbox"/>
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		<input checked="" type="checkbox"/>
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		<input checked="" type="checkbox"/>
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.		<input checked="" type="checkbox"/>
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.		<input checked="" type="checkbox"/>
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		<input checked="" type="checkbox"/>
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.	<input checked="" type="checkbox"/>	
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ <u>212,738.</u> ; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ <u>60,283.</u> ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ <u>120,056.</u> ; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ <u>32,399.</u>			
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		<input checked="" type="checkbox"/>
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		<input checked="" type="checkbox"/>
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		<input checked="" type="checkbox"/>
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
<u>WELLS FARGO BANK, 104 WEST SECOND STREET, DAVENPORT, IA 52801</u>			
<u>CBI BANK & TRUST, 101 WEST SECOND STREET, DAVENPORT, IA 52801</u>			
<u>IH MISSISSIPPI VALLEY CREDIT UNION, 2121 47 STREET, MOLINE, IL 61265</u>			
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>KELLY WEINBRANDT - 563-355-4310</u>			

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

RENE GELLERMAN

PRESIDENT or TRUSTEE (PRINT NAME) SIGNATURE DATE

MARA DOWNING

TREASURER or TRUSTEE (PRINT NAME) SIGNATURE DATE

JAMES E. TAYLOR

PREPARER (PRINT NAME) SIGNATURE DATE